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PATENT

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Data Protection System For Removable Recording Medium

the specification of which is identified by the attorney (IBM) docket number below:

XXX under Attorney's Docket Number JP920020248US1
XXX as Application Serial No. 10/730,971
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR 1.56.

I hereby claim the benefit of foreign priority under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application the priority of which is claimed:

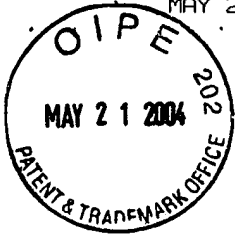
Prior Foreign Application(s):			Priority Claimed
<u>2003-085359</u>	<u>Japan</u>	<u>March 25, 2003</u>	<u>X</u> Yes <u> </u> No
(Number)	(Country)	(Filing Date)	

I hereby claim the benefit of United States priority under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information material to the patentability of this application as defined in 37 CFR 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application Serial #)	(Filing Date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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POWER OF ATTORNEY: As a named inventor, I hereby appoint all attorneys and/or agents associated with **CUSTOMER NO.: 25299**; and the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Carlos Munoz-Bustamante	Reg. No. 51,349
Joscelyn G. Cockburn	Reg. No. 27,069
Jeanine S. Ray-Yarletts	Reg. No. 49,808
Daniel E. McConnell	Reg. No. 20,360
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Send correspondence to J. Bruce Schelkopf, at **CUSTOMER NO.: 25299** and direct all telephone calls to J. Bruce Schelkopf at 919-543-4753.

FULL NAME OF FIRST INVENTOR: Junichi Asah

INVENTOR'S SIGNATURE: *Junichi Asah*

DATE: May 17, 2004

RESIDENCE: 1654-18 Kogasaka Machida-shi; Tokyo-to, Japan

CITIZENSHIP: Japan

POST OFFICE ADDRESS: same as residence

FULL NAME OF SECOND INVENTOR: Masahiko Hatori

INVENTOR'S SIGNATURE: *Masahiko Hatori*

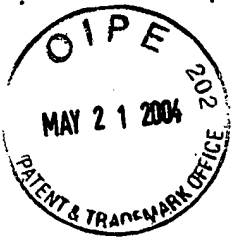
DATE: May 17, 2004

RESIDENCE: 2336-37 Sugikubo, Ebina-shi; Kanagawa-ken, Japan

CITIZENSHIP: Japan

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FULL NAME OF THIRD INVENTOR: Muzuho Tadokoro**INVENTOR'S SIGNATURE:** Mizuho Tadokoro**DATE:** May 17, 2004**RESIDENCE:** 5-1-8-601, Chuorinkan, Yamato-shi; Kanagawa-ken, Japan**CITIZENSHIP:** Japan**POST OFFICE ADDRESS:** same as residence

FULL NAME OF FOURTH INVENTOR: Takashi Yomo**INVENTOR'S SIGNATURE:** Takashi Yomo**DATE:** May 17, 2004**RESIDENCE:** 7-8-18-205, Zengyo, Fujisawa-shi; Kanagawa-ken, Japan**CITIZENSHIP:** Japan**POST OFFICE ADDRESS:** same as residence

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